STATEMENT OF ORGANIZATION		OFFICE USE ONLY
Name and Address of Committee	2. Date of this Statement	Pre
Blue Line PAC	1/5/110	5/0
108 Tota St.	1,70,7,4	1/12
Belle Chasse, LA 70037	Estimated Membership	
DEFICIO CIRCO		
	4. Amended Statement?	" \$ 9L 21/2
Check If: New Committee	Yes _	# 896313 #1033
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)		
a. Name b. Position	c. Address	0 11 Abroom 10 00000
LONNIEJ. Grew, S. Chairperson	,	Selle Chasse, LA 10037
Jodie C. Greco Treasurer	10810ta St., Bel	le Chasse, LA 10037
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)		
a. <u>Name</u> b. <u>Address</u>		c. Relationship to Committee
NA		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. <u>Name</u> b. <u>Address</u>	2.2	
Whitney Bank 8300 H	wy.23 RSSe,LA10031	
Belle Cha	asse, LH'1003'/	
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
		128
9. a. Name of Person Preparing Report JodieC	Grean	
b. Daytime Telephone 504-884		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information		
and belief.		
This 5" day of <u>an. 2016</u>		55.
Signature of Committee/Chairperson Daytime Telephone Number		
() adio (Marca	50	4.224,221.2
Signature of Committee Treasurer, if any	Dayl	ime Telephone Number
Form 200, Rev. 12/03, Page Rev. 3/2015		